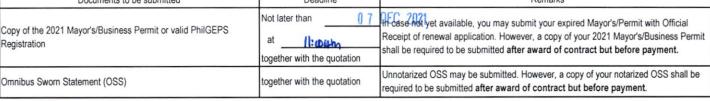


REQUEST FOR QUOTATION

procure			ids and Awards Committee (BAC), intends to EA and TAM Building re 2022 GSIS Insurance									
281	all be undertaken in accordance with) for appraiser or ove	(sec. 53.9) Small Value Procurement									
		egulations of Republic	Act No. 9184, with an Approved Budget of the									
	(ABC) in the amount of 60,000		Sixty Thousand Pesos									
	• •											
1 .1 Cu	Please quote your best offer for the item/s described herein , subject to the Terms and Conditions provided below. Submit your quotation duly signed by you or your duly authorized representative not later than											
below. Sur			3.00									
	0 7 DEC 2021 at 10-com	through email at	bac-secretariat@psa.gov.ph									
	For any clarification, you may contain	ict us at telephone no.	(02) 8374-8263 or email address at									
gsdprocure	ement.psa@gmail.com											
	Mangmiuns											
			MINERVA ELOISA P. ESQUIVIAS									
			Chairperson, Bids and Awards Committee									
		TERMS AND CO	NOTIONS									
1	Bidders shall provide correct and accurate											
2	Price quotattion/s must be valid for a period											
3	Price quotation/s, to be denominated in P											
4	Quotations exceeding the ABC shall be re		io all taxos, duties androi iovies payable.									
5	Award of contract shall be made to the lov	,	nsive hid (LCRB).									
6			y are signed or initialed by you or your duly authorized representative.									
7			e LCRB, the PSA shall adopt and employ "draw lots" as the tie-breaking									
T	method to finally detrmine the single winn											
8	The item/s shall be delivered according to											
9	-		of in their conformity to the Technical Specifications.									
10	Payment shall be made after delivery and upon submission of the required supporting documents, i.e. Order Slip and/or Billing Statement,											
2070.	by the supplier. Our Government Servicin	ng Bank, Land Bank of the	e Philippines, shall credit the amount due to the identified bank of the									
			an forty eight (48) hours, upon receipt of our advice. Please note that									
- 1	the corresponding bank transfer fee , if any, shall be chargeable to the account of the supplier.											
11	Liquidated damages equivalent to one tenth (1/10) of one percent (1%) of the value of the goods not delivered within the prescribed period shall be imposed per day of delay. The PSA shall rescind the contract once the cumulative amount of liquidated damages reaches ten											
	percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.											
<u> </u>	Documents to be submitted	Deadline	Remarks									
Copy of the 2021 Mayor's/Business Permit or valid PhilGEPS		Not later than 0 7	HE case not yet available, you may submit your expired Mayor's/Permit with Official									
Registration		at Il: (D)(sho	Receipt of renewal application. However, a copy of your 2021 Mayor's/Business Permit									







PSA Complex, East Avenue, Diliman, Quezon City, Philippines 1101

Telephone: (632) 8938-5267

www.psa.gov.ph

REQUEST FOR QUOTATION PR No. 21-11-1535

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s for the item/s as follows:

The state of the s	aa ana accepted the renne and cen		. o cabillit	ou. quotut	ionio ioi tilo itoi	THE GO TOHOW	<u>. </u>
Item(s) and S	pecification(s), minimum	Unit	Quantity	Unit Price	Total Amount (VAT Inclusive)	Specifications (pls. check)	
						Yes	No
Provision of service for appraiser of CVEA and TAM Building located at PSA Complex Easr Ave. QC re 2022							
GSIS Insurance							
1. PhilGEPS Registered							
Accredited by the Securities and Exchange Commission (SEC)							
Must have a certificate of satisfactory service from at least two clients for the last three years							
With on-going and/or completed contract from government and/or private institutions							
Expected output:							
Hard copy of the valuation report/appraised report signed by the appraiser							
xxxxxxxxx							

8							
Total amount in words:					-		
Printed name of the authorize		Signature:					
Name of Company:				Position:			
Address:	Email addre	dress:					
Fax No.:	Tel. No.:		Mobile No.:				
Date:							